NMC programme of change for education

Standards of proficiency for registered nurses
Consultation information
1. We are currently consulting on the first phase of our programme of change for education and includes the following aspects:

1.1 Draft standards of proficiency for registered nurses. These standards of proficiency apply to the four fields of nursing practice.¹

1.2 A new education framework that will provide:

1.2.1 The education and training standards relating to all learning in theory and practice, including new requirements for learning and assessment.

1.2.2 Draft programme requirements to support the draft standards of proficiency for registered nurses.

2. This document includes our proposed draft standards of proficiency for registered nurses and the questions we will be asking you as part of our consultation. We recommend that you read this document alongside:

- The programme consultation document
- The draft standards of proficiency for registered nurses
- Our proposed draft education framework—standards for education and training for nurse and midwifery education.
Our vision

3. Our new draft standards of proficiency should prepare the future registered nurse for safe and effective practice both now and into the future. Our aim is that our draft standards of proficiency are able to prepare future registered nurses for practice in the health and care contexts of 2030 and beyond, and our thinking has been driven by what patients and the public will require from their care in 2030.

4. Future care contexts will increasingly involve mental, cognitive, behavioural and physical health, and a rise in the number of people living with more than one condition. Because of this we believe that future registered nurses will need to be skilled across all four fields of nursing practice and therefore we are setting out to design a set of proficiency standards that are capable of being applied across all four fields. The four fields of nursing practice will be retained.

5. This will not prevent the future nurse from entering the register with a field specific registration. By presenting standards of proficiency that can be applied and mapped to all four fields of nursing practice we are ensuring that future nurses will be sufficiently equipped to manage the care of people who may have multiple needs.

6. Our Standards for pre-registration nursing education were published in 2010 and contain a wide range of standards, including standards for institutions, programmes, educators and individuals. One of the key aims of our programme of change for education has been to separate the standards of proficiency that individuals must meet in order to enter the register, from the standards that education institutions and placement partners must meet. Our work in relation to the future nurse starts from creating standards of proficiency that all future registered nurses must be able to achieve at the point of entry to the register, and moving those standards that are not proficiencies into our education framework that situates our education and training standards.
7. Our new standards of proficiency should:

7.1 be outcomes focused
7.2 embed higher level knowledge and skills
7.3 be flexible in application
7.4 acknowledge the increasing working across care settings and across mental and physical health
7.5 can be applied to all fields of nursing practice (adult, children, learning disabilities and mental health) to ensure person centred care
7.6 ensuring a focus on compassion and expertise in evidence based fundamental nursing care
7.7 prepare future nurses for increased work in multi-disciplinary and inter-agency teams
7.8 include a need to focus on leadership and the nurse’s role in managing complex care
7.9 have a clear focus on public health and health promotion
7.10 provide additional focus on the achievement of communication and relationship skills and nursing procedures
7.11 increase focus on key aspects of public health, dementia, frailty and end of life care, and
7.12 emphasise the importance of research and evidence skills.
Our approach

8. Our work in this area has been led by Professor Dame Jill MacLeod Clark and supported by a thought leadership group made up of nurses representing the different stages and settings of nursing careers. This group included student nurses and nurses nominated by the Chief Nursing Officers of each of the four countries of the UK. We have ensured full representation across the four fields of nursing.

9. We have had feedback from a significant number of nurses, students and members of the public to help us develop our new standards throughout 2015-2017, and this wide ranging feedback has been critical in shaping these draft standards of proficiency. We have also listened to a wide range of national levels organisations from across both education and practice.

10. We have carried out ‘user testing’ on our draft standards of proficiency for registered nurses to make sure that users will find them accessible. This user testing has been carried out with people involved in nursing education, students, registered nurses, and educationalists in both the practice and theory settings.
Drivers for change and supporting evidence

11. The health and care environment is changing rapidly and at the same time we are seeing changes in the wider policy, education and regulatory environments. Health professional education has been a clear focus across the UK in recent years, and education reviews and strategies have been published in all four countries.²

12. These reviews and other similar documents all contain commitments for nurse education, and will impact on the ways in which nurses are prepared for entry to the register. There is in particular an increased focus on working across practice settings, in multi-disciplinary and inter-agency teams; a focus on preparing the nurse of the future for a leadership role and for managing complex care delivery, and a focus on embedding a higher level skills and knowledge base at the point of entry to the register.

13. The Government in England has also led a number of healthcare reviews which have had implications on professional nursing education. It is important that we learn from these and act on them, ensuring our continued effectiveness in protecting the public. High profile inquiries in England such as Francis³ and Keogh⁴ have included suggestions for greater working across the lifespan, multi-disciplinary working, and an increased role for nurse leadership.

14. Wider changes within health and social care and the changing needs of people and patient populations have also inspired us to renew our standards. Such changes include person centred care and the growing trend of integrating health and social care, moves towards person centred care, increasing co-morbidities, and a focus on early intervention and the promotion of health and wellbeing.
15. The four governments of the UK are all moving towards more integrated care that is increasingly delivered outside of hospital settings. Our standards of proficiency must take account of these changing conditions and make sure that registered nurses of the future are prepared to work in these new contexts. In particular, nurses must be enabled to work within multi-disciplinary and inter-agency teams and with a higher level of leadership and accountability than is currently expected at the point of entry to the register.

16. Additional routes into nursing and roles within nursing, such as the nursing associate in England, and flexible, work based models of nurse education, have also acted as a driver for us to review our standards of proficiency. Regardless of the mode of study or route to the register, our proficiencies must ensure that the registered nurse is prepared to lead, assign, delegate and have accountability for their practice and, where applicable, the practice of others in their team.

17. We have been gathering evidence to help us with the development of our standards and to make sure that they are developed from an evidence informed perspective. Our evidence gathering and research has included internal standards reviews, examination of the standards of other regulators, international standards comparisons, learning from our quality assurance data, and externally commissioned research with patients and the public.

18. One of the key pieces of evidence which was used in the development of these new standards of proficiency was an independent evaluation of our pre-registration nursing and midwifery education standards, and our standards for learning and assessment in practice. We commissioned IFF Research to undertake this large scale evaluation in response to the Francis Inquiry. The study included the following aspects:

18.1 group discussions
18.2 in depth interviews
18.3 survey of over 2,000 members of the public.
18.4 survey of approaching 3,500 students and newly registered nurses.

19. The report identified a number of challenges within our current standards for education and made recommendations for change in areas including mentorship, preceptorship, the balance between theory and practice, and the structure and content of proficiencies. We have taken this feedback on board and applied it to our new standards for proficiency, both in terms of how they are written and also in terms of which proficiencies need to be included or modified. Feedback from the IFF Research report in particular influenced our decision to simplify the layout of the proficiencies and remove repetition and ambiguity.
An internal review of our current standards for competence for registered nurses has shown that there is repetition throughout our standards. Comparing our standards against the equivalent standards of similar regulators both nationally and internationally has enabled us to identify best practice in regulation and how we could potentially align our standards with those of other regulators.

The findings of the comparative analysis and review exercises were similar to those of IFF Research; they showed that our standards often measure process inputs as opposed to outcomes, and are far longer and more detailed than those of other professional regulators. No other regulator combines their standards for education and training and proficiency within one document, for example.

In addition, the evidence that we gathered from our internal reviews provided us with information about specific areas in which the presentation of our standards could potentially be revised. We have also received significant feedback in terms of the need to simplify our standards of proficiency and move away from a process focus and towards an outcomes focus.

Feedback from varied sources has allowed us to build a picture of how our current standards are viewed by those who use them, or who are affected by them, and how they might change in the future. Many stakeholders feel that our current standards do not consider the needs of people over the next 10-20 years and that there is not enough emphasis within the standards on areas that are fundamental for safe nursing practice.

By carrying out independent user testing, we have been able to judge how applicable these new proficiencies will be across theory and practice settings and how accessible they are to educators, practitioners, the public and students.
Q1. In developing the draft standards and requirements, we aimed to:

- reflect on what people will need from nurses in the future that can be applied to all fields of nursing practice (adult, children, learning disabilities and mental health)
- provide outcomes that are open to objective assessment
- reflect higher level knowledge and skills that emphasise research and evidence skills
- ensure a focus on compassion and expertise in evidence based fundamental nursing care
- allow for flexible approaches to programme delivery
- provide entrants to nursing with an understanding of mental and physical health and care.
- contain outcomes that prepare nurses for working effectively in multi-professional and interagency teams
- include outcomes that focus on leadership and the nurse's role in managing complex care
- ensure that there is sufficient emphasis on health and wellbeing
- emphasise public health, dementia, frailty and end of life care
- ensure that the new standards of proficiency are sufficiently accessible to the public
- be unambiguous, clear and concise, and
- provide the building blocks for continued professional development and advanced practice across a range of contexts
Q1a. Do you agree that these principles have been met and seek to protect the public? (Use scale for each of the principles)

☐ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☐ Strongly disagree
☐ Don’t know

Q2. The future nurse will work within a range of settings and therefore we have designed our draft new proficiencies to apply across all four fields of nursing (adult, children, learning disabilities, mental health). Do you feel we have achieved this approach?

☐ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☐ Strongly disagree
☐ Don’t know

If you answered strongly disagreed or disagreed please provide comments
Q3. Do you agree that the draft standards of proficiency provide the necessary requirements for safe and effective nursing practice at the point of entry to the register?

☐ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☐ Strongly disagree
☐ Don’t know

Comments

Q4. Do you agree that the draft standards of proficiency underline the importance of person-centred care?

☐ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☐ Strongly disagree
☐ Don’t know

Comments
Q5. Do you agree that the draft standards of proficiency confirms the role of the registered nurse in ensuring that people are encouraged and supported to self manage their care?

☑️ Strongly agree  
☐ Agree  
☐ Neither agree nor disagree  
☐ Disagree  
☐ Strongly disagree  
☐ Don’t know

Comments

Q6. Do you agree that the draft proficiencies states the role of the registered nurse in providing opportunities and in enabling people to have control of their own health and lifestyle decisions?

☑️ Strongly agree  
☐ Agree  
☐ Neither agree nor disagree  
☐ Disagree  
☐ Strongly disagree  
☐ Don’t know

Comments
Q7. The draft standards of proficiency place an increased emphasis on leadership skills. Do you agree that this will be achieved for the nurse at the point of entry to the register?

- [ ] Strongly agree
- [ ] Agree
- [ ] Neither agree nor disagree
- [ ] Disagree
- [ ] Strongly disagree
- [ ] Don’t know

Comments

Q8. The draft standards of proficiency place an increased emphasis on working in multidisciplinary teams and coordinating care across multi-agency organisations. Do you agree that this will be achieved for the nurse at the point of entry to the register?

- [ ] Strongly agree
- [ ] Agree
- [ ] Neither agree nor disagree
- [ ] Disagree
- [ ] Strongly disagree
- [ ] Don’t know
Q9. The draft standards of proficiency apply across all four fields of nursing practice (adult, children, learning disabilities and mental health nursing) as nurses of the future will work across a variety of settings and encounter people of all ages with varying complex needs across mental, cognitive, behavioural and physical health.

Should the nursing procedures in annexe B be similarly applied across all four fields of nursing practice?

☐ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☐ Strongly disagree
☐ Don’t know

Q10. If you responded strongly disagree or disagree should there be more emphasis in the level of nursing procedures that specific to a field of nursing?

(For example we may include greater emphasis on advanced physical assessment skills in the adult nursing field and greater emphasis in advanced mental health assessment in the mental health nursing field).

☐ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☐ Strongly disagree
☐ Don’t know

Comments
Q11. The draft standards of proficiency provide increased clarity about the achievement of competency in nursing procedures and communication and relationship management skills (see annexes A and B). Have we omitted any core skills with this approach?

☐ Yes
☐ No
☐ Don’t know

If you said yes:

Q11a. What nursing procedural skills do you think are missing?

Comments

Q12. Are there any nursing procedural skills stated in annexe B that you think are unnecessary?

☐ Yes
☐ No
☐ Don’t know

Q12a. If you answered yes please list.

Q13. Are there any nursing procedures contained within the annexe B which would be difficult to achieve in practice settings, for example due to a lack of opportunity to be exposed and practice the skill?

☐ Yes
☐ No
☐ Don’t know
Q13a. If you answered yes please state which nursing procedures.

Comments

Q14. Should competence of certain nursing procedural skills be achieved in simulated practice settings before being assessed in practice settings?

☐ Yes
☐ No
☐ Don’t know

Q14a. If you answered yes please state which skills.

Comments

Q15. Are there any communication and relationship management skills or nursing procedures contained within the annexes which could be fully achieved in simulation?

☐ Yes
☐ No
☐ Don’t know

Comments
Q16. Are there any nursing procedures that cannot be fully achieved in simulated practice settings?
☐ Yes
☐ No
☐ Don’t know

Comments

Q17. Do the proficiency annexes set out all of the necessary communication and relationship management skills needed for the future nurse to be safe and effective at the point of registration?
☐ Yes
☐ No
☐ Don’t know

If no:
Q17a. What communication and relationship management skills do you think are missing?

Comments
Q18. Do the proficiency annexes adequately describe the nursing procedural skills, and communication and relationship management required within each of the four fields of nursing (adult, children, learning disabilities, mental health)?

☐ Yes
☐ No
☐ Don’t know

If no, please give comments:

Comments

Q19. Should there be some variation in the level of communication and relationship management skills and nursing procedures that is field of nursing specific?

For example we may include greater emphasis on advanced physical assessment skills in the adult nursing field and greater emphasis in advanced mental health assessment in the mental health nursing field.

☐ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☐ Strongly disagree
☐ Don’t know

Comments
Q20. In order to demonstrate that students have met the communication and relationship skills stated in Annexe A to practice safely and effectively at the end of their programme, should student nurses be required to demonstrate proficiency (please select one option only):

- [ ] Across each of the four fields of nursing practice (adult, children, learning disabilities, mental health)
- [ ] In the student’s selected field of practice only
- [ ] Don’t know

Comments

Q21. Nurses will enter the register in one or more of the four fields of nursing practice (adult, children, learning disabilities and mental health nursing). This means that nurses will be expected to achieve all the nursing procedural skills, and communication and relationship management skills stated in the annexes.

Final sign off of proficiencies, communication and relationship management skills and nursing procedural skills are necessary for safe and effective practice. Should nurses be proficient:

- [ ] Across each of the four fields of nursing practice (adult, children, learning disabilities, mental health)
- [ ] In the student’s selected field of practice only
- [ ] Don’t know

Comments
Q22. Are there any aspects of nursing practice that you would expect to have seen in the draft standards of proficiencies which are missing?

☐ Yes
☐ No
☐ Don't know

Comments

Q23. Do you have any other comments about the future nurse standards of proficiency and annexes we are consulting upon?
End notes

1. Adult, children, learning disabilities, mental health

2. Raising the bar: the shape of caring in England; The NES Nursing and Midwifery Strategy 2014-17 and Setting the direction in Scotland; Evolving and transforming to deliver excellence in care: A workforce plan for nursing and midwifery in Northern Ireland 2015-2025 in Northern Ireland and the Health Professional Education Review in Wales.

3. Francis (2010) Independent inquiry into care provided by Mid Staffordshire NHS Foundation Trust;
